

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 AM 10:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # J85360 (2)

**1. Corporation Name
STAR CASUALTY INSURANCE COMPANY**

**Principal Place of Business Mailing Address
3746 WEST FLAGLER STREET 3746 WEST FLAGLER STREET
MIAMI FL 33134-1602 MIAMI FL 33134-1602**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/19/1988 3a. Date of Last Report 04/20/1994

**2. Principal Place of Business 2a. Mailing Address
21 3750 W. FLAGLER street 26 3750 W Flagler street
Suite, Apt. #, etc. Suite, Apt. #, etc.**

22 City & State 27 City & State

23 zip Country 28 zip Country

24 25 29 30

4. FEI Number 65-0071432 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

**81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of individual or printed name of registered agent and title of association)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**C
TITLE ESTRELLA, NICOLAS
NAME 3750 W. FLAGLER ST.
STREET ADDRESS MIAMI FL
CITY ST ZIP**

**11 TITLE
12 NAME 900001485609
13 STREET ADDRESS -05/12/95--01042--011
14 CITY ST ZIP *****200.00 *****200.00**

**P
TITLE NICOLAS, ESTRELLA
NAME 3750 W FLAGLER ST.
STREET ADDRESS MIAMI FL
CITY ST ZIP**

**21 TITLE
22 NAME 900001485609
23 STREET ADDRESS -05/12/95--01042--012
24 CITY ST ZIP *****25.00 *****25.00**

**V
TITLE HERNANDEZ, LIDIA
NAME 3750 W FLAGLER ST.
STREET ADDRESS MIAMI FL
CITY ST ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP**

**T
TITLE ZAJAC, ALEJANDRO R.
NAME 3750 W. FLAGLER ST.
STREET ADDRESS MIAMI FL
CITY ST ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP**

**S
TITLE MARTINEZ, GISELA E.
NAME 3750 W. FLAGLER ST.
STREET ADDRESS MIAMI FL
CITY ST ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP**

**V
TITLE PEREZ, BARBARA
NAME 3750 W FLAGLER ST
STREET ADDRESS MIAMI FL
CITY ST ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP**

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE: ALEJANDRO ZAJAC
(Signature and typed or printed name of signing officer or director)

04/19/95 305-443-2829
(Date and Telephone Number)